



Mechanical Application

If applicable: Is this work attached to an existing building permit?

BLDG- _____



Office Use
DATE: _____
MECH: _____
ACCEPTED BY: _____

TYPE OF WORK & QUANTITY		<input type="checkbox"/> Residential <input type="checkbox"/> Multi family <input type="checkbox"/> Mixed Use <input type="checkbox"/> Commercial			
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Gas Piping Only	*Value of Construction: The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, needed to complete the work.			
<input type="checkbox"/> Air Handlers	<input type="checkbox"/> Gas Water Heater				
<input type="checkbox"/> Boilers	<input type="checkbox"/> Heat Pumps				
<input type="checkbox"/> Compressors	<input type="checkbox"/> Heating Equipment Including Ductwork				
<input type="checkbox"/> Cooling Towers	<input type="checkbox"/> Hydronic Piping				
<input type="checkbox"/> Ductwork System Remodels	<input type="checkbox"/> Package HVAC Units				
<input type="checkbox"/> Evaporator Coolers	<input type="checkbox"/> Restaurant Appliances				
<input type="checkbox"/> Exhaust Hood Type 1	<input type="checkbox"/> Unit Heaters				
<input type="checkbox"/> Exhaust Hood Type 2	<input type="checkbox"/> Vent Fans				
<input type="checkbox"/> Fan Coil Units	<input type="checkbox"/> Ventilation Systems (not part of heating or AC system)				
<input type="checkbox"/> Gas Appliance and Piping	<input type="checkbox"/> Wood Pellet Stove or Insert				
<input type="checkbox"/> Gas Logs Insert					
TOTAL # of Fixtures				SITE LOCATION *Value of Mechanical work \$: _____ Site address: _____ Suite/FLR/RM: _____ Tax parcel number: _____ Project name/Tenant: _____ Plat name/Lot number: _____ Property owner: _____ Mailing address: _____ City: _____ State: _____ Zip: _____	

DETAILED DESCRIPTION OF WORK

WHO IS PAYING FOR THE PERMIT? CONTRACTOR APPLICANT OWNER DESIGN PROFESSIONAL

PLEASE ENTER INFORMATION BELOW IF DIFFERENT THEN CONTRACTOR, OWNER, OR APPLICANT.

Name _____ Address _____
 E-mail _____

MECHANICAL CONTRACTOR INFORMATION

Company name: _____ State contractor's license #: _____
 Mailing address: _____ Expiration date: _____
 City: _____ State: _____ Zip: _____ City of Redmond business license #: RED000
 Phone: _____ Fax: _____ E-mail: _____

APPLICANT INFORMATION

Contact person: _____ City: _____
 Company name: _____ State: _____ Zip: _____
 Mailing address: _____ Phone: _____
 Fax: _____ E-mail: _____

BUILDING OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Print Name: _____ Date: _____

Signature: _____

WHEN A MECHANICAL PERMIT IS REQUIRED

The City of Redmond requires a mechanical permit before mechanical equipment is installed, altered, replaced, or remodeled. New and replacement gas water heaters are processed under a Mechanical Permit.

New and replacement electric water heaters are processed under a Plumbing Permit.

MECHANICAL PLAN REVIEW IS REQUIRED FOR THE FOLLOWING PROJECTS

- New Commercial, Mixed-use, Multi-Family
- Complete HVAC systems, heat pumps, rooftop units, work involving smoke and fire dampers or work that includes exhaust fans if over 75 lbs. in commercial uses (except like for like equipment replacement.) *
- All Type I & Type II hoods.
- All spray booths

Any exterior changes to the building require planner approval regardless of whether it is plan review or over the counter. The planner will require elevations and equipment cut sheets in order to approve over the counter permits.

ELECTRONIC SUBMITTAL REQUIREMENTS PLEASE SUBMIT ALL MATERIALS ON A USB FLASHDRIVE.

Electronic plans that do not meet the requirements below will fail and will result in the application being deemed incomplete and will not be reviewed until complete. All USB drives may only contain documents being submitted to the City for proposed project.

A. File Naming Standards:

Bolded items noted in Section II indicate the naming convention in which the particular submittal must be named. For example, the **Site Plan** must be saved as Site Plan.

B. Plan Sheet Standards:

All plans must be drawn to scale, and have scale noted on each sheet.

C. Acceptable File Types: Plans, calculations, reports and supporting documents must be uploaded as a PDF.

D. Plan Orientation: All plans must be uploaded in "Landscape" format in the horizontal position.

E. Flatten and merge separate sheets into one file before submitting to the City for review. For example, all sheets in the structural plan set shall be one file named **Structural Plans**.

Any files that are not named properly and/or uploaded correctly may be rejected at intake.

SUBMIT THE FOLLOWING INFORMATION FOR MECHANICAL PLAN REVIEW PLEASE SUBMIT ALL MATERIALS ON A USB DRIVE

- Gravity Calculations including attachment details are required for all equipment located on the roof.**
 - In addition, if the unit is 400 lbs. or larger, engineered structural lateral force calculations are also required.
- Reflected Ceiling Plan** showing and identifying ductwork, equipment, piping, supply diffusers, return air grilles and fire dampers.
- Equipment List and Schedule**
- Outside Air Calculations**
- Screening** Mechanical screening shall be required for any rooftop equipment greater than 1' in height, and for any equipment exterior to the building. Screen materials must be architecturally compatible with the building and shall be as high as the equipment being screened. Plans must show height of equipment relative to screening and shall include notations of materials and colors to be used. If an existing parapet effectively screens proposed equipment, plans must show parapet height relative to equipment heights.

OTHER INFORMATION

All Natural Gas fuel gas piping is now covered under the 2015 International Fuel Gas Code. Liquefied Petroleum Gas installations are covered by NFPA 58 & 59A edition of the Liquefied Petroleum Gas Code.

Expiration of Plan Review: Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant and prior to expiration, the Building Official may grant a single 180-day extension to the Plan Review time as specified in Section 106.3.3 of the IMC. No application shall be extended for a period of more than 180 days. See the Fee Schedule for extension fee information.

Expiration of Permit: Permits for which no inspection has been performed will expire 180 days from the date of issuance as specified in Section 106.4.3 of the IMC. If an inspection is passed before the expiration date of the permit, the expiration date will be extended to 180 days from the date of the latest successful inspection (except for Final Inspections). The customer can choose to pay a fee in order to extend the expiration date of the permit an additional 180 days. Once the permit is expired the customer has six months to pay a fee to reinstate the permit. Any permits expired for more than a period of six months will not be able to be reinstated and a new permit will need to be applied and paid for.

*Like for Like – A unit change out qualifies as like for like if the new unit has the same heating/cooling capacity as the existing unit, and both the height and weight of the new unit are equal to or less than the height and weight of the existing unit.